

# Reimbursement Instructions for Actual Count Claiming Method for Sponsors of Independent Centers

This section was prepared for and directed to the claim preparers of independent centers to help them complete claims for reimbursement using the actual count claiming method.

The claim preparer must enter the program information for only one *claim month* in items 1 through 10. This information should cover the program operations for that month only, unless it is the first or last month of program operations in any fiscal year and contains 10 or fewer operating days; such a month may be added to the Claim for Reimbursement for the appropriate adjacent month. Claims for Reimbursement, however, may not combine operations occurring in two fiscal years.

All the data submitted on the claim for reimbursement must be actual data. The Department reserves the right to hold a claim for further investigation if its claiming patterns suggest that estimated data are being submitted.

An error or omission on any of the following items may cause a claim to be rejected, resulting in delays in processing the claim and the receipt of reimbursement. See Appendix A-11 for a sample of the Claim for Reimbursement: Child and Adult Care Food Program, Actual Count Claiming Method for Sponsors of Independent Centers (CACFP-I).

**The sponsor's claim preparer must follow these instructions for reporting meal data and submitting a claim for reimbursement to the CNFS office:**

- Item 1. **Agreement Number, Name and Address:** Place a preprinted label in the space provided on the original claim form. The labels provided by CDE are for use on the claim for reimbursement only. If the sponsor runs out of labels, type or print the agreement number, name, and address in the space provided. Name or address changes must be approved by the NSD before use on the claim form.

Item 2. **Month/Year:** Enter the two-digit month and four-digit year the claim covers, *not* the month the claim was prepared. The month and year must be reported numerically as shown in the following examples:

December 2003 = 12 | 2 | 0 | 0 | 3      January 2004 = 0 | 1 | 2 | 0 | 0 | 4

Item 3. **Claim Type:** Mark the appropriate box. One box must be checked.

**A. An original claim** is the first claim that is submitted to CNFS for a claim month. Actual data must be reported. No estimates or projections will be accepted. An original claim returned to a sponsor by CNFS for correction is still an original claim when resubmitted. Please indicate a resubmitted claim by writing the word “correction” on the top of the corrected claim form.

**B. An adjusted claim** is any claim that is submitted subsequent to the original claim containing verified changes to previously reported data. The figures on an adjusted claim replace the originally reported figures. The claim preparer must complete the *entire* claim to reflect both the data that have changed and the data that have remained as originally reported. If previously reported data need to be deleted, please indicate this by placing a zero in the appropriate space. In addition, complete items 1, 2, and 3B and complete the certification section.

*Note: A sponsor may submit only two adjusted claims per claim month. Adjusted claims that reflect increases in meals served must be submitted by the claim submission deadline.*

**C. No reimbursement will be claimed this month (zero claim)** refers to those months the program is inactive and no reimbursement is being claimed. Completion of items 1, 2, and 3C and the completion of the certification block are required. A zero claim must be completed and submitted for each inactive month. Sponsors temporarily closed for the summer or for several consecutive months may submit zero claims in advance.

Item 4. **Do not complete.** This item is for CDE use only.

Item 5. **Do not complete.** This item is for CDE use only.

Item 6. **Number of Approved Sites That Operated This Month:** Enter the number of approved active sites for the claim month. To be considered active, a site must serve at least one meal during the claim month. The number of sites claimed cannot exceed the number of sites approved by NSD. All site additions and deletions must be approved by submitting a Site Change Request Form before claiming reimbursement.

Item 7. **Program Enrollment:** Complete this section monthly for each eligibility category. The figures entered are to match the participant eligibility roster for the month.

**Number of participants eligible for free meals:** Enter the number of participants with current approved eligibility applications on file for free meals. These applications should be counted each month.

**Number of participants eligible for reduced-price meals:** Enter the number of participants with current approved eligibility applications on file for reduced-price meals. These applications should be counted each month.

**Number of participants eligible for base-rate meals:** Enter the number of participants who are *not* approved for free or reduced price meals. This count should be made each month.

**Total:** Enter the total number of enrolled participants in the program during the claim month. Include all participants with enrollment or eligibility forms on file who ate at least one meal during the month. The total enrollment must equal the sum of eligible free, reduced price and base rate participants.

- Item 8. **Number of Days Program Meals were Served this Month:** Enter the number of days that program meals were served during the claim month. If reporting as a sponsoring organization, enter the highest number of days of service by any one site.
- Item 9. **Average Daily Participation:** Use the daily meal count records for all the approved sites to add up the number of participants who consumed at least one meal or supplement in the claim month and divide the total by the highest number of days that food was served.

*Example: 863 participants divided by 21 days equals 41.1. Round **up** to 42. For this example, the figure 42 would be entered in item 9.*

Always round the average daily participation up to the nearest whole number.

- Item 10. **Meals Served:** Enter the number of documented meals served during the month by approved eligibility category and the meal type. The total number of meals for each meal type must equal the sum of the free meals, reduced-price meals, and base-rate meals served to participants. The meals claimed when using the Actual Count Claiming Method must be documented in daily meal count reports, which correctly identify each participant by name, eligibility category, and meal type received.
- Item 11. **Child and Adult Care Food Program Administrative Expenses for this Month:** Report all the allowable costs identified in the agency's administrative budget as approved expenses. (See section 560 in the *Child Care Centers Administrative Manual*). Time-study reports for labor and proration formulas for other costs must be on file. The costs that are shared by CACFP and other funding sources must be prorated to determine the amount chargeable to CACFP. The amount reported must be based on the actual allowable expenses, not on the approved administrative budget allocation or the amount retained for administration. The reported amount may not be less than one dollar and must be rounded to the nearest whole dollar amount.

Item 12. **Child and Adult Care Food Program Administrative Income for this Month:**

Report the amount of government monies (i.e., federal, state, and local, excluding CACFP federal and state reimbursement) restricted to food program costs received for the month, any other funding, and any cash donations specified for CACFP. Include reimbursement for an organization-wide audit in the month in which it is received.

**Certification:** Before a sponsor may submit its claim, this section must be completed. Enter the printed name and telephone number of the person preparing the claim and the preparation date. An original signature of an authorized official is required along with his or her name and title. The signature of the authorized representative must be in ink. Only original signatures will be accepted.

**A claim will be returned for correction if it is not properly completed. Place an original signature on the claim before mailing it to avoid delays in receiving reimbursement.**

The official who is authorized by the agency to sign the claim is responsible for reviewing and analyzing meal counts *before submission* to ensure accuracy.

**SPECIAL NOTE:** An adjusted claim for reimbursement completely voids all previously submitted data for the same claiming period. Therefore, when submitting an adjustment, a sponsor must report all data whether there has been a change or not.

If the sponsor's representative chooses to manually determine the federal and state reimbursement earned for the month, he or she can complete the Monthly Reimbursement Calculation Worksheet in Appendix A-7. The worksheet does not need to be submitted with the claim; it is for reference only.